

Please complete the following information for suspect cases of pertussis. Return by fax to the ACD Nurse at Public Health Madison & Dane County at 266-4858.

Suspect case of pertussis: A clinical syndrome or illness consistent or compatible with pertussis and without other apparent cause such as: 1) any acute cough illness lasting 7 or more days, 2) any acute cough illness with paroxysmal cough or inspiratory whoop, 3) any acute cough illness in a person who is a contact to a case of pertussis, or 4) any cough associated with apnea in an infant.

All individuals tested for pertussis should be immediately treated and isolated for 5 days.

Clinic name: _____ Phone: _____

Patient name: _____
(Last Name) (First Name)

DOB: _____

Patient gender: Male Female

Patient Address: _____

Phone number: _____

Date tested: _____

Test ordered: PCR Culture

Treatment: Yes No If yes, specify: _____

Patient isolation ordered? Yes No

Physician name: _____

Parent name (if patient <18 years of age): _____

Parent work phone: _____